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15. ☐ Additional Enclosures: _____

FEE CALCULATION

For	No. Filed	No. Allowed	No. Extra	Rate	Fee
Total Claims	48	- 20	28	\$ 18.00	\$ 504.00
Indep. Claims	9	- 3	6	\$ 84.00	\$ 504.00
Multiple Dependent Claims (If applicable, please add \$ 260.00)					\$ 0.00
BASIC FEE					\$ 740.00
OTHER FEE (specify purpose): Assignment Recordation					\$ 40.00
TOTAL FILING FEE					\$1,788.00

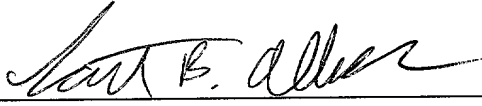
A check in the amount of **\$1,788.00** is enclosed.

In addition, the Commissioner is hereby authorized to charge and credit Deposit Account No. 50-1852 as described below. A duplicate copy of this sheet is enclosed.

- ☒ Credit any overpayment.
☒ Charge any additional fees required under 37 CFR 1.16 and 1.17.

Respectfully submitted,

December 18, 2001
Date



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